

## Tips for Referring and Rendering Providers

### The Referring Family PACT Provider

Family PACT providers are required to provide all Family PACT services. The provider shall have an established referral arrangement with other Family PACT or Medi-Cal providers for services not provided on site or if there is insufficient volume to ensure and maintain a high skill level.

Contraceptive methods that may be provided by referral are:

- Contraceptive implant(s)
- Intra-Uterine Contraceptives (IUCs)
- Diaphragm
- Cervical cap
- Fertility Awareness Methods (FAM)
- Female and male sterilizations

Other services and procedures that may be provided on site or by referral are:

- Complications of primary family planning methods
- Complications of secondary STI (sexually transmitted infection) treatments
- Complications of concurrent UTI and Dysplasia treatments

Referrals shall be provided to appropriate resources for needed medical and psychosocial services not covered by this program.

### How to make a successful referral

1. Establish relationships with providers for client referrals. Provide them with information about services, billing procedures and limits of the program.
2. Assist client with making an appointment.
3. Provide medical records information to the rendering provider.
4. In order for the rendering provider to be reimbursed by Family PACT, they need specific information from the referring Family PACT provider including:
  - Referring provider's Family PACT Medi-Cal provider number;
  - S-Code primary diagnosis and any secondary or concurrent diagnosis which may apply to the care being provided to the client;
  - Client's HAP Card number
5. For sterilization procedures, provide a copy of the Sterilization Consent Form (PM 284) to the rendering provider who will perform the procedure.

# Tips for Referring and Rendering Providers (cont.)

## **The Rendering Medi-Cal Provider**

1. Rendering providers may claim covered services delivered to Family PACT clients by submitting the following additional information on their Medi-Cal claim:
  - The referring Family PACT provider's Medi-Cal number;
  - S-Code primary diagnosis and secondary or concurrent diagnosis that may apply;
  - Client's HAP Card number
2. Claims submission is subject to Medi-Cal timeliness and guidelines.
3. If providing sterilization services (tubal ligation and/or vasectomy) to Family PACT clients, the consent form (which is different than the Medi-Cal sterilization consent form) does not need to be attached to the claim. Clients sign a PM 284 (the Family PACT sterilization consent form) which is kept in the client's file. Document on your claim:  
"PM 284 signed on MM/DD/YY and on file" in the remarks section.

**For more program information, please contact:**

Office of Family Planning  
916-654-0357

## Family PACT Referral

**Client Name** \_\_\_\_\_

**Client HAP ID Number** \_\_\_\_\_

**Primary Diagnosis Code** \_\_\_\_\_

**Secondary Diagnosis Code** \_\_\_\_\_

**Concurrent Diagnosis Code** \_\_\_\_\_

**Services Needed** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rendering Provider Name** \_\_\_\_\_

**Family PACT Provider** \_\_\_\_\_

**Family PACT Provider Number** \_\_\_\_\_

- Written consent is needed for any invasive procedure, including intra uterine contraceptives (IUC), implants and sterilization procedures.
- Sterilizations require the client to sign a sterilization consent form (PM 284).
- For sterilization procedures, document in the remarks section on your claim that the PM 284 form was signed on MM/DD/YY and is in the client's file.

**For billing assistance, please contact:**  
Health Access Programs (HAP) Hotline  
800-257-6900